



School Year 2016-2017 Application for Funding Request

Name of School					
Name of Principal Address City Complex Area Supervisor					
					Zip Code
			School District		
			R.E.A.C.H. Contact Name		
Phone Number					
If applicable, amount of federa in the blank(s) below] • Amount of UPLINK Fur • Amount of 21st Century	nding:		nming for SY '16 – '1	7 [if none, please enter n/a	
Title I School for SY '16 – '17)	'es No	6 th 7 th 8 th G	rade Student Popula	ation	
Funding Amount Requested			umber of icipating students		
New Program (Presently Does Existing Program (Presently In					
Source of Funds Currently Ava	ilable: State:\$	F	ederal: \$	Other: \$	
My name and signature below of approval to apply for these		formation pro	vided herein is corre	ect and has my endorsemer	
Principal	(signature)			Date	
Complex Area Supervisor	(signature)			 Date	

Resources for Enrichment, Athletics, Culture and Health

A. Program Description:

- 1. Describe how the proposed service activity is appropriate for the students, including a description of the frequency, duration and intensity, target audience, and its impact on students, school and the community.
- 2. Describe the structure of delivering the program/services, including a work plan of service activities and tasks, work assignments and responsibilities, and realistic timelines and schedules.
- 3. A description of partnerships, current and/or proposed, as evidence of collaboration and cooperation in maximizing resources.
- 4. Describe how volunteerism will be integrated into the program, i.e., how will volunteers be utilized to maximize resources.
- 5. Describe how service activity is consistent with the goals of R.E.A.C.H.

B. Outcomes, Positive Impact and Data Collections/Tracking:

- 1. What are the goals and expected outcomes? The program activity supports the goals and expected outcomes.
- 2. How will the program activity impact the school, students, and the community?
- 3. Is there a mechanism for tracking outcomes-school attendance, behavior in class, course marks/grades. Provide a clear description of data collection, tracking, and reporting on the outcomes.

C. Proposed Budget:

1. In addition to the proposed budget below, applicant shall also provide listing of all other sources of funding that they are seeking for fiscal year 2017.

Program Costs	
Personnel Costs (up to 25% of total budget is allowed for personnel)	
	\$
Other Costs (Supplies, Equipment, Uniforms, Transportation, etc.)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
Travel Costs (if applicable; interisland travel requires prior approval from OYS)	\$
Total Program Costs	\$